



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michel Therin et al

Examiner: Melanie Tyson

Serial No.: 10/690,625

Group: Art Unit 3731

Filed: October 23, 2003

Docket: 1600-25 (BR040489)

For: PROSTHESIS FOR REINFORCEMENT  
OF TISSUE STRUCTURES

Dated: April 2, 2007

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A	
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR		SMALL ENTITY	
					RATE		ADDL. FEE		RATE	
TOTAL	19*	MINUS	22**	= 0	x 25=	\$			x 50=	\$0
INDEP.	2*	MINUS	3***	= 0	x 100=	\$	OR		x 200=	\$0
					x 180=	\$			x 360=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						TOTAL	\$ 0.00		TOTAL	\$0

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

\*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: April 2, 2007

  
Peter DeLuca

- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$ \_\_\_\_\_. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



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PD/dag